

**UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT
APPEARANCE OF COUNSEL FORM**

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[]Retained []Court-appointed(CJA) []Court-assigned(non-CJA) []Federal Defender []Pro Bono []Government
COUNSEL FOR: _____

_____ as the
(party name)

appellant(s) appellee(s) petitioner(s) respondent(s) amicus curiae intervenor(s)

(signature)

Name (printed or typed)

Voice Phone

Firm Name (if applicable)

Fax Number

Address

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CERTIFICATE OF SERVICE

I certify that on _____ the foregoing document was served on all parties or their counsel of record through the CM/ECF system if they are registered users or, if they are not, by serving a true and correct copy at the addresses listed below:

Signature

Date